

SARAH LAWRENCE COLLEGE

Direct Deposit Authorization

I _____ ID# _____ hereby authorize Sarah Lawrence College to initiate credit entries and, if necessary, debit entries and adjustments for credits made in error, to my checking or savings account indicated below.

Checking Account (Attach a voided check if possible to insure proper account and transit number)

Depository name: _____
City _____ State _____ Zip _____

Routing # _____ Account # _____

Savings Account

Depository name: _____
City _____ State _____ Zip _____
Routing# _____ Account# _____

This authority is to remain in full force and effect until the College has received written notification from me of its termination.

Signed _____ Date _____

This form is for Student Accounts only. Please notify in Student Accounts your account number or bank changes. If you have questions regarding your direct deposit, please call our office at 914-395-2550.